

BASTROP COUNTY ANIMAL SHELTER

Canine Foster Application

You must be over 18 to foster. All foster animals remain the legal property of BCAS. Thank you for helping us save animals.



Date _____

Please print clearly

First name _____ Last name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell _____ Work _____

Email: _____

Contact Person Primary _____ Secondary _____

What dog are you interested in fostering? Animal's name _____

Why are you interested in fostering? _____

Would you be willing to foster?

☐ Bottle feeding underage puppies

☐ Recovering from surgery

☐ Dog

☐ Special Needs

☐ Bully Breeds

☐ Puppies

☐ Senior

☐ Socialization

☐ Mother dog w/pups

☐ Injured ☐ Sick

☐ Abused/Neglected

☐ Pregnant dog

☐ Deaf/Blind dogs

☐ Other

Do you have any experience with the above choices? ☐ Yes ☐ No

If yes, what is your level of experience?

☐ **No experience** – but excited to learn

☐ **Some experience** – have had a pet dog or two before

☐ **Lots of experience** – my friends and family consider me an expert

Are you able to give: ☐ Pills ☐ Liquid Medications ☐ Injections

Do you have a separate room or area to keep your foster dog(s) away from your animals if necessary? ☐ Yes ☐ No

If an emergency arose with your foster dog, would you be able to take it to a vet? ☐ Yes ☐ No

Do you know how to properly introduce your foster dog to pets at home? ☐ Yes ☐ No

How long are you willing to keep a foster dog?

☐ 1–4 weeks

☐ 4 weeks–3 months

☐ 3 months or longer

Shelter dogs have sometimes been in neglectful and/or abusive situations and, therefore, may experience difficulty making the transition to a new foster home. Are you willing to be patient while the animal adjusts to the new foster home?

☐ Yes ☐ No

How would you describe your household?

- ☐ **Very quiet** – only a few residents and not too many guests
☐ **Average** – not too quiet but not party animals
☐ **Very busy** – lots of people are coming in and out

How many people live in your household? Adults _____ Children _____ Seniors _____

**Are you aware of any restrictions (rules from landlord, condo association, etc.) that would prevent you from fostering a pet?
It is your responsibility to ensure you are allowed pets.**

- ☐ I am not allowed dogs ☐ There are size restrictions ☐ I can only have a limited number
☐ I don't know ☐ I can have any pet

List all of your current pets – use more space if necessary

<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	Breed _____	Age _____	<input type="checkbox"/> Spayed	<input type="checkbox"/> Neutered	How long owned _____
<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	Breed _____	Age _____	<input type="checkbox"/> Spayed	<input type="checkbox"/> Neutered	How long owned _____
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<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	Breed _____	Age _____	<input type="checkbox"/> Spayed	<input type="checkbox"/> Neutered	How long owned _____

Describe your yard:

- ☐ No yard ☐ Unfenced yard ☐ Partially fenced ☐ Completely fenced How tall is your fence _____

If you do not have a fenced yard, do you agree to keep your dog leashed at all times? (initials) _____

How many hours a day are you available to devote to your foster dog? _____

What are your plans for your foster dog when you're gone during the day? What about at night? _____

Would you be willing to have the foster coordinator do a home visit? ☐ Yes ☐ No

Signature _____

Print _____

Date _____ Date of Birth _____ Driver's License # _____

PLEASE NOTE

All foster animals remain the legal property of BCAS. All policies must be adhered to.

FOR OFFICE USE ONLY

Employee Initials _____

Approved: ☐ YES ☐ NO



Bastrop County Animal Services

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Bastrop, TX 78602
512.549.5160 [PHONE]
512.303.6491 [FAX]